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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Limited Liability Company's name

1-888-WATCHES, L.L.C.

2. Principal Office Address	3. Mailing Office Address
14001 NW 4th Street	14001 NW 4th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, Florida	City & State: Sunrise, Florida
Zip: 33325 Country: USA	Zip: 33325 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 12/22/98

6. FEI Number: 48-4943438 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED: X

8. Name and Address of Current Registered Agent

Name: Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable): 100 SE 2nd Street

Suite, Apt. #, Etc.: Suite 3500

City: Miami | State: FL | Zip Code: 33131

CR2E063 (9/98)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Charles Kennard, VP Charles J. Kennard, VP Date: 11/2/00

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Lipton, Alan	14001 NW 4th Street	Sunrise, Florida 33325
		REINSTATEMENT 2000	
			SL

11. I certify that I am managing member/manager or the member or person empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The facts stated/indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

Signature of Managing Member/Manager: [signature] Date: 11/2/00 Daytime Phone #: 954-835-2233

Typed or printed name of signing Managing Member/Manager: Alan Lipton, manager

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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Account Number : 076103002011
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LIMITED LIABILITY REINSTATEMENT

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